

# JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## 4233 FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed 3	
3 COMMITTEE NAME  FRIENDS OF JUDGE DAVID CRAIN				OFFICE USE ONLY	
4 COMMITTEE ADDRESS		ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE c/o Charles O. Grigson 604 W. 12th Street Austin, Texas 78701			
5 CAMPAIGN TREASURER NAME		TITLE FIRST MI Charles O. Grigson		Receipt #	
		NICKNAME LAST SUFFIX		HD / PM Amount	
				Date Processed	
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 604 W. 12th Street Austin, Texas 78701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input checked="" type="checkbox"/> Same as Above <input type="checkbox"/> Change of Address (from Form STA)		STREET OR PO BOX APT / SUITE # CITY STATE ZIP CODE			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION ( 512 ) 477-5791			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year      Month Day Year 7 / 1 / 98      THROUGH      12 / 31 / 98			
11 ELECTION		ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / / 98			

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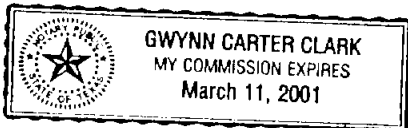
# JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME FRIENDS OF JUDGE DAVID CRATN		13 ACCOUNT # (Ethics Commission filers)
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 65.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,912.94
OUTSTANDING LOAN BALANCE	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	0.00

## 15 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



*Charles O. Grigson*  
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHARLES O. GRIGSON, this the 11<sup>th</sup> day of JANUARY, 1999, to certify which, witness my hand and seal of office.

*Gwynn Carter Clark*  
Signature of officer administering oath

Gwynn CARTER CLARK  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1

2 FILER NAME

FRIENDS OF JUDGE DAVID CRAIN

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/27/98

5 Payee name

AFL-CIO

7

Amount

(\$)

\$ 65.00

6 Payee address, City, State, Zip Code

1106 Lavaca Austin, Texas 78701

8 Purpose of expenditure

Labor Day Program

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

David F. Crain

Office sought / held

Judge, County

Court at Law No. 3

Travis County, Texas

Date

Payee name

Amount

(\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount

(\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount

(\$)

Payee address, City, State, Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

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**LOANS (JUDICIAL)****SCHEDULE E(J)**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E(J).	
2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date of loan	7 Name of lender <input type="checkbox"/> out of state PAC		9 Loan Amount (\$)
6 Is lender a financial institution?  Y            N	8 Lender address,      City,      State,      Zip Code		10 Interest rate
			11 Maturity date
12 Lender's Principal Occupation		13 Lender's Job Title	
14 Lender's Employer/Law Firm		15 Law Firm of lender's spouse (if any)	
16 If lender is child, law firm of parent(s) (if any)			
17 Description of Collateral  <input type="checkbox"/> none			
18 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	19 Name of guarantor  ..... 20 Guarantor address,      City,      State,      Zip Code		21 Amount Guaranteed (\$)
22 Guarantor's Principal Occupation		23 Guarantor's Job Title	
24 Guarantor's Employer/Law Firm		25 Law Firm of guarantor's spouse (if any)	
26 If guarantor is child, law firm of parent(s) (if any)			

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

